- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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## ARIZONA SWOT ANALYSIS

#### **Strengths**

- Good infrastructure for collaboration
- Continuum of Care resources
- Statewide coalition dedicated to issue
- Governor's support
- Increase in resources moving into rural areas
- Established housing trust fund
- State homeless coordinator position
- Affordable housing initiative through ASU, HUD, MAG
- Arizona Department of Housing
- Growing involvement from business community
- Support from faith-based community
- Momentum to move forward
- Department of Health Services is recovery oriented
- Willingness to try new approaches
- New forums for collaboration (HMIS, statewide program evaluation)

- Funding
- Lack of community support
- Lack of affordable housing
- Existing silos of organizations and agencies/ no one door
- Disconnect between service providers
- Transportation
- No thinking outside of the box
- Ingrained misconceptions about homelessness
- The status of children
- Lack of housing subsidies
- Lack of livable wages
- Lack of culturally competent housing and services
- Job market/jobless recovery
- Disconnect between urban and rural

- Lack of political will
- Homelessness not recognized as a big issue
- Lack of infrastructure (natural resources, childcare, housing)
- Mandatory Medicaid co-payments for lowest income people
- Lowest unemployment insurance benefits
- Education needed for provider community
- Border issues including tribal issues
- Multi-family housing association has vacant units is not willing to rent
- Lack of provider focus on permanent housing, housing-related services

- Governor's interagency and community council
- New statewide 10 year plan
- Faith-based partnerships
- Momentum begun
- New initiative for fair housing training
- Increase in collaborative efforts between providers
- New Phoenix Mayor, Governor and 3 state agency directors
- Governor's agenda re children and families and newly proposed budget
- Start new promising models
- Tucson, Tempe working on plans; Maricopa has one
- New tribal housing liaison and tribal housing initiatives
- Homeless Policy academy
- NGA Policy Academy on integration of services
- New forums for collaboration (HMIS, statewide program evaluation)
- Ability to evaluate new projects
- Technical assistance available
- Involvement of community in providing support

- Known three-year window of opportunity with Governor
- Impending legislative state budget
- Shift nationally in spending priorities
- Pending possible closure of military bases
- Crime-free housing
- Resistance to change by providers
- Lack of control over federal rules and regulations
- NIMBY (not in my backyard)
- Backlash against sex offenders/fear
- Apathy
- Discriminatory practices for undocumented persons
- Turf issues, disconnect between providers
- Republican legislature
- Unhelpful policies
- Mandatory sentencing

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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## FLORIDA SWOT ANALYSIS

## **Strengths**

- Council on Homelessness
- Policy Academy
- Number of mainstream programs consolidated within Department of Children and Families
- Large housing trust fund
- 56 of 67 counties have Continuums of Care
- Experience and expertise
- Consolidated workforce delivery system (includes TANF and childcare)
- Governor's focus on families
- Better than average HUD targeted homeless funding

- Housing trust fund targets families over 50% of area median income (AMI)
- Overall level of resources is low and budget cuts are making this worse
- Lack of infrastructure in rural areas
- State unwilling to access some mainstream funds for this population (e.g., TANF)
- No coordinated prevention strategy for homelessness
- Low wage service economy
- Lack of involvement by some State agencies (Education)
- Lack of coordination among community-based housing funders
- Little being done to address aging out of foster care (e.g., prevention of homelessness)
- Lack of information and analysis of how this population interacts with State systems
- No political champion
- Lack of public commitment/awareness of homelessness
- Decentralization and privatization at the local level
- Minimal case management
- Lack of affordable housing stock

- High housing costs
- No accountability for preventing or creating homelessness
- These are very complex, complicated problems
- Weak private sector support
- Fragmented communication and coordination of systems
- Cuts in discharge planning

- Policy Academy
- Revenue maximum activities at State level
- Partnerships with real estate agents/industry
- Collaborate with the Eliminating Barriers Initiative public relations effort (anti-stigma campaign)
- Find legislative champion
- Cross-system screening/targeting using risk factors
- Improving worker skills and attracting industry
- Involve private sector (nonprofits and business)
- Better coordination between various groups (e.g., housing and service providers, State and local, etc.)
- Increase emphasis on prevention and case management
- 30/30 vision campaign targeting assisted housing to persons below 30% of AMI

- Economy
- Legislative raids on housing and other trust funds
- Lack of affordable health care and child care
- Discussion on Federal level of block granting funds to the States (e.g., housing)
- State's unpredictable revenue base
- Competing priorities for limited dollars
- Job retention and wage rates
- State constitution amendments that aren't funded
- High cost and continuing rise in housing costs
- Apathy/hostility of communities regarding homelessness
- Polarization of income in State
- Limited access to mental health and substance abuse services
- High school completion rates are low

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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#### **IOWA SWOT ANALYSIS**

(From Chronic Policy Academy in December 2003)

## **Strengths**

- Dedicated and trained to serve homeless
- New Iowa Council on Homelessness with 15 years of experience
- Service Point Statewide Homeless Management Information System (HMIS)
- Ability to create collaborative efforts
- Willingness to seek solutions to challenging problems/issues
- Small State
- Those who work in this area all know each other
- Community health centers being developed (new)
- Three Health Care for the Homeless providers in State
- Solving this problem is within our reach
- State housing trust fund
- Good network of local/community-level services from Continuum of Care
- Have a supportive Governor
- Mainstream agencies interested in working with this population, Veterans Administration,
- VETS, workforce development, public health
- Low rate of uninsured
- SSI (with ICM 50% first time)
- Largest number of high school graduates
- Great place to raise kids

- No mental health division solely Medicaid
- Medicaid under siege
- Restructuring the Department of Health Services (DHS) currently in flux
- Structure of the Department of Public Health (DPH) to provide services
- Not structured in a way to pursue opportunities (especially funding)
- Small group who work on this issue all know each other need to expand group
- No central point of contact for homeless issues (working on it)
- Loss of dedicated staff person two years ago
- Fragmented services
- Infrastructure is lacking in State agencies and providers bare bones
- Homelessness is seen as an individual failure
- 95 percent of the battle is perception of homelessness
- Job cuts and lack of training/technical assistance
- Few CM agencies to work with homeless
- Rural outreach/engagement
- Substance abuse and mental health services (detox, aftercare)
- Dual diagnosis is a "dirty" word
- Have 99 counties
- Poor communication/cooperation between counties and cities
- Form of unfunded mandates from State legislature
- Attitude of "rugged individualism"
- State revenue structure unable to fund its public expenditures
- No State general fund appropriations dedicated to homelessness
- Lack of continuation of services for those being discharged from corrections discharge
- planning
- Urban/rural problem
- Wages are very low
- Lack of affordable housing (severe crisis)
- Transportation issues, especially for rural
- No public transportation
- Maturing HMIS system to collect accurate data
- Providers are not "data-collection friendly" don't understand that it is an important thing

- Losing providers infrastructure is fragile despite manageable numbers
- Hard for State's fragmented system, hard to compete for Federal funding
- Lack of basic services for people who are homeless e.g., mental health case management
- SSI
- Brain drain youth leaving State
- Lack of living wage jobs
- Need for public awareness campaign and paradigm shift around homelessness
- NIMBY (not in my backyard)
- Government is not seen as force for positive change

- Data collection network
- To change attitudes about homeless
- Develop better relationships with faith-based organizations
- Chance to create new structures for the State
- Tap into new partners and energy at table for new Statewide initiatives
- Find ways to capture and direct our children to positive activities in State

- There is no money State budget crisis
- New Interagency Council on Homelessness requirements for State agencies
- Housing issues for those coming out of corrections system
- Erosion of middle class danger of losing housing
- Budget and program cuts on city, State and Federal levels
- Health costs
- Changing players due to job cuts
- Aging population (housing, nursing homes)
- Substance abuse (methamphetamine) and hepatitis
- Corrections draining resources
- In current environment (money), creative process shuts down moves to survival mode and is very competitive
- Threat of having funding cut if become advocate balance of power

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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## MAINE SWOT ANALYSIS

## **Strengths**

- Department of Health Services
- MaineCare
- Shelter system
- Governor's support of efforts to end homelessness
- Significant planning infrastructure
- General Assembly
- TANF regulations programs
- Transitional services
- BFI one-stop shopping
- Action Plan to End Homelessness
- Domestic violence facilities and services
- All-inclusive BFI application
- Refuge services
- Policy Academy
- TANF's special needs housing allowance
- Medicaid State Plan
- RAC+
- BFI Resource sheets given to applicants
- Commitment/relationship of nonprofits and State agencies
- Use of CDBG money for homeless services
- State voucher homeless preference
- FSS programs
- Continuums of Care
- York County Homeownership program
- Children's cabinet
- Portland's commitment ESAC

#### Weaknesses

- General Assembly
- Lack of mental health services
- Lack of transportation
- Lack of affordable housing
- Lack of public education around successes
- No follow-up services
- Lack of substance abuse services and residential treatment programs
- TANF stipend inadequate
- No domestic violence shelter in every county
- Uneven Public Health Administration involvement
- Not enough money
- Lack of job training programs
- Economy weak
- Lack of vouchers
- Low per capita income
- Disconnect of minimum wage with cost of housing
- Not integrated network of providers
- Eligibility standards either too high or low re: income
- Public housing vouchers inaccessible to homeless
- Lack of multi-year planning and coordination across and within state agencies
- Lack of information regarding what's available
- Public ennui
- Lack of Aggressive Community Treatment (ACT) teams

## **Opportunities**

- Policy Academy
- Dirigo Health Plan
- Develop more housing stock
- More emphasis on coordinated, community response
- Aspire/TANF support services
- Department of Health Services/BDS merger?
- Open-minded State/Governor
- Citizen willingness to bond for affordable housing
- Development of community centers with comprehensive services
- Economy improving
- To access all BFI services
- Implementation of action plan to end homelessness
- Education
- Individual/Family Development Accounts

- Leadership from Governor's office
- Small State/limited homelessness
- Interagency Task Force on Homelessness and Housing Opportunities
- Supportive legislative leadership
- Expanded use of Alternative Aid program
- Increased access to General Assembly
- MeCEH Training programs
- HMIS (Homeless Management Information System)
- Increased access to Medicaid/Food stamps/TANF
- Parents as Scholars

- No vouchers
- Budget deficit
- Losing jobs
- Present administration
- Department of Health Services/BDS merger fragmenting BFI programs
- Funding cuts to service providers
- No state HOME funds this biennium
- Faith-based initiatives
- Stigma
- Sanctions/federal regulations in TANF/food stamp programs that work against homeless and states have no power to adjust without losing money
- Consent decree plus court's involvement
- No creative possibilities for increasing state revenues
- Lack of affordable housing
- Cap on future Medicaid dollars
- Federal tax cuts
- Escalating rents
- Decreasing number of physicians taking new MaineCare patients
- Cost of Dirigo??
- "Shooting from the hip"
- Complications of a rural state

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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## MICHIGAN SWOT ANALYSIS

## **Strengths**

- Interagency cooperation
- Governor's and Governor's office support
- Building blocks in place
- Current utilization of Federal McKinney resources
- Team diversity
- Wealth of programs and services in place
- Current systems of housing production
- Historical support from State to provide safety net
- Skilled practitioners
- A statewide public mental health infrastructure in place

- Cross-systems knowledge of other departments
- Disconnected systems
- Lagging economic recovery
- Accessing Medicaid or SSI
- Limited resources no new money
- Shortage of investment capital
- Public misconception of the enormity of this issue
- Lack of public awareness
- Lack of management skills for collaborative endeavor
- Condition of housing does not meet standards
- Incomplete data
- Sporadic State and local collaboration
- Lack of affordable housing
- Impact of term limits
- Early retirement State staffing levels

- State and Federal policies that promote homelessness
- Lack of investment in prevention
- Short-term policy expectations

- Governor's Commission on Mental Health
- Accessing more federal resources (McKinney)
- The Policy Academy
- Partnerships with foundations
- Develop stronger partnerships with MSHDA (housing development authority) specific to children and families
- Fiscal crisis promotes creative solutions
- Renewed commitment to collaboration across State government
- Building on our success with adults with disabilities and expanding it to families and children
- Align resources with needs
- Shape policy under the new administration
- Education of general public and other stakeholders

- Continual decline in revenue
- Stigmatization
- Fiscal consequences of federal budget priorities
- Public misperceptions, hostility, and denial of problem
- Competing interests (State, Federal and local)
- Immutability of Federal funding silos
- Challenges in institutionalizing this work in changing political environment
- Increasing numbers of homeless families and children
- Different kind of homeless dynamic

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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## NEW HAMPSHIRE SWOT ANALYSIS

## **Strengths**

- Families in Transition model
- State Children's Health Insurance Program (CHIP) and Healthy Kids
- Mainstream services that can provide comprehensive services (e.g., Head Start)
- Strong tradition of volunteerism
- Housing awareness projects
- Smart, willing and compassionate people in the state willing to take creative approaches
- Mead and Individual Development Account programs
- New Futures program on addictions
- Bi-state Primary Care Association
- Endowment for Health that supports housing
- Continuums of Care and the way they work together

- Lack of statistics (volume) that other states have
- Lack of housing options for low income persons
- Lack of continuum of care among TANF, food stamps and medical assistance
- Lack of funds for leveraging
- Siloed safety net
- Uneven local safety nets
- Harsh, lengthy winter season
- Sanctioning of people who are homeless
- RSA 165 (local welfare legislation)
- Local zoning and local control
- Too few mainstream programs to provide comprehensive services and they are underfunded
- Fragmented service delivery system
- Lack of public transportation
- Tough regulations that need upper level support to change

- Having state departments attend Continuum of Care meetings
- State interagency council on homelessness
- Senate Bill 95 (if it passes) may help zoning for workforce housing development
- Opportunity to collaborate and develop written agreements with state level agencies to develop best practice approaches
- Collaborative funding opportunities and opportunity to examine and rethink existing funding
- UNH, Dartmouth and other colleges interested in research and collaboration
- Interagency Council can lend support for applications to mainstream services for increased funding and additional programs
- Policy Academies

- Lack of affordable, low-income, assisted and special needs housing
- Medicaid block grants
- Decrease in TANF benefits from 60 to 24 months
- Substantial Continuum of Care funding reductions especially shift in priorities
- Attitudes towards people with problems
- Increase work requirements without corresponding child care subsidy increases
- School funding crisis
- Changing regulations makes continuity difficult
- Geography and weather
- Block grants, in general

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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## NORTH CAROLINA SWOT ANALYSIS

## **Strengths**

- Interagency Council for Coordinating Homeless Programs in place with activist agenda and mounting accomplishments (e.g., Point in Time study, discharge policy group meeting with a high level of buy-in, draft 10-year plan, increased education of legislators and participation of Senator Reeves)
- Talented and caring professionals and examples of best practices in some local communities (e.g., CASA Works, Harriet's House, HFA Supportive Housing, etc.)
- Commitment for change among some leadership in State government (e.g., DHHS Housing Coordinator, Department of Correction Transitions to Release initiative, Department of Public Instruction, joint funding for State homeless specialist from DOC, HFA and DHHS, etc.)
- New State Coalition to End Homelessness with key stake holders participating.
- ICCHP (Interagency Coordinating Council on Homeless Prevention) has a State level Homeless Policy Specialist
- HMIS (Homeless Management Information System) Statewide collaborative
- Several local communities developing 10-year plans
- Flexibility of TANF Block Grant to support housing and other services, especially in rural communities

- Very limited dedicated State funding for homeless programs/services
- ICCHP has no dedicated (State paid) administrative staff limits capacity to take on working agenda
- Lack of affordable housing stock and disconnect between service systems and housing systems
- Lack of rental assistance resources
- In some places the homeless service system is parallel to mainstream systems and have a problematic relationship with each other

- Some families are reluctant to access mainstream services because they're afraid of losing their children
- Mainstream and targeted services "silo" at systems level in terms of funding, reporting, service delivery. Mainstream systems perceived as disempowering
- "Silo" children and adults are never put together in same services no comprehensive plan
- Five-year budget crisis has resulted in substantial cuts in mainstream services and staff reductions limiting capacity to take on new initiatives
- Lack of acknowledgement or concern and pervasive myths and misconceptions about homelessness by State and local authorities and the public at large...in part because funding has gone from Feds to local level and State having been forced to think about it and having a full plate. At local level, not a solvable problem, so allocated resources elsewhere
- Varying capacity and disparate geographic allocation of federal resources (e.g., 27 Continuum of Care covering 60 of 100 counties)
- Lack of positive relationship between service systems and housing systems, especially housing authorities on both State and Federal levels. HUD does not encourage creative thinking for local Public Housing Authorities
- Impact of the federal deficit
- Lack of local government involvement in their own jurisdictions.
- Many State and Statewide systems do not having housing data on people they serve
- Lack of access to mainstream by those who are homeless
- Loss of private resources to support the safety net fourth year
- Federal and State policies lead to over-reliance on private (and faith-based) sector to provide public services
- Few preventive resources for families. Making families appear to have higher needs to obtain services
- Some are discharged to long-term residential care. Inappropriate placement and misuse of State funding

- Positive timing: coalescing of potential for change/action among those in leadership positions
- Economic downturn has changed the face of homelessness and public attitudes may be more amenable to change (even more so with families with children)
- Mental health reform plan will change the way mental health/substance abuse system operates and homeless persons are an identified priority
- Homeless Management Information System could provide needed data; Statewide collaborative could provide better Statewide aggregate data
- State budget crisis will require ability to show cost saving which may provide an opportunity to present cost/benefit rationale for change in the way NC addresses homelessness
- Department of Health and Human Services and HFA collaborative on low income housing tax credits. 10% targeted to those with disabilities and/or homeless

- Elimination of Barriers Initiative for mental health
- Medicaid effort to be sure that children continue to be enrolled
- Pending domestic violence legislation. Can stress link between domestic violence and family homelessness
- No Child Left Behind provides opportunity for increased success for homeless children
- Media and leadership expectation of changes in the way homeless are served. More open to new ideas around this issue
- Department of Social Services (DSS) "Multiple Response" approach for families. Also a new policy on domestic violence
- DSS reorganization
- Child and Family teams. Need to pull in the adult piece
- State collaborative around children

- Growing negative public attitudes/perceptions about affordable housing in general and particularly for homeless or "special needs" (e.g., NIMBYISM)
- Changing State political landscape may threaten continuity
- State budget crisis, additional cuts are coming and NO new money for the foreseeable future
- Mental health reform moving forward without shared perceptions of how this will improve services for homeless mental illness and substance abuse populations and their children
- HMIS mandate without direction and funding from HUD may result in redirection of service resources and fragmentation of data collection efforts
- Expansion of Federal resources for homeless programs likely to be cut to competing budget priorities (e.g., homeland security, tax policy, national defense, etc.)
- Lack of coordinated and integrated between programs for children and adults in families
- Lack of planning on impacts of realignment of services and funding streams
- Ongoing tension and lack of communication between domestic violence and homeless systems
- Dealing with those coming out of prison increased population
- Slowing economy loss of jobs

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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## **OKLAHOMA SWOT ANALYSIS**

## **Strengths**

- Formation of collaborative effort.
- Excellent Voc/tech system
- Previous teamwork
- Services available for families and individuals/infrastructure in place
- Representation and support from government offices and legislature
- Strong local control (e.g., schools, Continuums of Care)
- McKinney-Vento and Head Start

#### Weaknesses

- Unclear of agency roles in providing services
- Lack of public and legislative support
- Lack of money
- Disjointed services
- Lack of data to support needs
- Lack of data collection system
- Competing and conflicting priorities
- Lack of agency buy-off/not a priority

## **Opportunities**

- Gaining public awareness and political interest
- Charitable spirit
- Work of previous Policy Academy
- This Policy Academy
- Federal and State funding
- Creative funding
- Governor's Advisory Committee on Homelessness

- Recent media attention/newspaper writer
- McKinney-Vento and Head Start
- Rewriting housing pilot program rules
- Legislative champions
- New Governor
- New Commissioner of Health
- Faith community

- Potential shift in Federal and State policy makers
- Negative public perception
- Negative TV publicity
- Perception that it's not a problem/lack of awareness
- Decreased funding
- Time/agency commitment to work on plan
- NIMBY (not in my backyard)

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

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## PUERTO RICO SWOT ANALYSIS

#### **Strengths**

- Reform of the Health Reform (e.g., Smartcard; agreement to provide health services within five days for families with children)
- Family card nutritional assistance program and TANF
- The Commission (work and results)
- Special community programs for most deprived communities (prevention)
- Workforce Investment Act
- Veterans' hospital services (also do outreach to shelters)
- Accessibility to policymakers
- Goodwill from the government
- Collaboration across Continuum of Care coalitions
- Pro-homeless veterans' organization
- Existing shelters
- Cultural issues (family ties especially benefit women)
- Diagnostic and Treatment Centers (DTCs)

- Lack of information
- Lack of centralized information system/data
- Lack of communication
- Lack of services
- No evaluation/assessment of services to see their effectiveness
- Lack of resources and funding, especially non-restrictive, non-Federal or governmental
- Negative public opinion about the homeless/lack of sensitivity/stigma
- Lack of follow-up health services
- Criminalization of homelessness
- Bureaucratic tape
- Far behind in terms of development of information systems
- Lack of housing units/subsidies for families in need (especially rental housing)

- Need for stronger advocacy and community organization/involvement among people who are homeless
- Lack of shelters for women with children
- Lack of proper training of staff (classification of costs, administrative and financial)
- Lack of preventive services
- High population of people with multiple diagnostic conditions
- Lack of coordination among agencies
- Lack of programs that keep families together
- Loss of recurrent funds
- Few models of service for treatment
- No unified referral system
- Lack of appropriate shelter for mentally ill homeless persons
- Lack of collaboration among State and local governments
- Slow reimbursement from government to community-based organizations
- Need for technical assistance to community-based organizations to help them write better proposals
- Scarce resources to cover administrative costs and low federal reimbursement rates to cover basic administrative costs/infrastructure
- Language barriers (translation of materials and communication between staff and clients)
- Over-reliance on federal funding for homeless services

- Individual programs especially addressing domestic violence
- Women's Advocate Office gives \$1 million to Department of Housing transitional housing for women for 18 months for 85 women (rental assistance, deposit); combining Workforce Investment Act (WIA) funds for training
- Money for 11 shelters Department of the Family, Women's Advocate Office
- Department of Housing various efforts (e.g., to provide permanent housing, developing transitional housing, providing subsidies to developers for permanent housing) need to make more of an effort to integrate other agencies, especially supportive services
- HOME program with the State matching funds to complete financing, section 8 vouchers, etc.
- Percentage of rooms in some shelters designated for women with children
- One rehabilitation center allows children to stay with mothers
- Governor's initiative \$1 billion targeted for very low income communities; addressing issue of overcrowding
- Health Care for the Homeless grants in two municipalities (one for 10 years; one new)

- Lack of funding
- Not having someone take a lead on this issue
- Not having a feasible State policy
- Overall economic conditions

- Turnover among stakeholders
- Not having consistency or credibility in programs, policies
- No one is held accountable
- Criminalization of homelessness
- Prejudice toward people who are homeless
- Public opinion
- Federal and State legislation that impedes progress
- Misuse and/or not taking full advantage of available funds
- Lack of commitment
- Mistrust of homeless community
- Not including homeless or formerly homeless in planning process
- Lack of strategic thinking
- Expansion of the size/scope of government
- Criminalization of addiction not viewed as a health or public health problem
- Increasing violence
- Lack of mental health services
- Extreme poverty
- Violation of civil rights

- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Veterans Affairs
- U.S. Department of Labor

Radisson Hotel Miami Miami, Florida January 27 – 29, 2004

## TENNESSEE SWOT ANALYSIS

## **Strengths**

- Willing to work together
- Local initiatives underway
- Coming in late means we can learn from other States
- Willingness to do miracles with very little money
- State has infrastructure in place
- Objective outside facilitators to assist in the process
- State has lots of fine programs for people who are homeless willing to work with mainstream systems and make systems work for the clients
- Children's Cabinet (2 members of team serve on Cabinet)
- Head Start is in every county
- Lottery is coming
- Very competent people
- Pockets of innovation and creativity at State level
- Strong incentives to do this from the Federal government
- Creating Homes initiative model can be used in other areas
- PATH program promotes access to mainstream resources
- Some level of data reporting
- Creative governor and high level officials are very open
- Strong leadership of Policy Academy team

- Mainstream services don't know how to address issues facing homeless families, especially in rural areas
- Regulations inconsistently applied
- Disconnect between Federal and State programs (e.g., knowledge of program regulations and lack of staff)
- No labor representative or TANF representative on team hasn't been good workforce development in the State

- Extremely limited funding across the board
- Homelessness in Tennessee small number so lower (competing) priority need to understand how best to get administration to pay attention
- Lack of advocacy
- Tennessee doesn't have State employees with mission of bringing in Federal dollars
- Regulations of TANF program
- Dollars from Federal level to coordinate services not provide services means lack of outcome measures for homeless families
- Over-reliance on faith-based organizations to address homelessness
- Historical lack of political will. No State budget line item for homelessness. Easy to defer to localities
- "Silo" mentality compartmentalization
- Head Start is at full enrollment Statewide. Long waiting lists
- Insufficient data
- Lack of understanding and sympathy toward homeless (even from mainstream systems)
- Little history of interagency planning
- Inconsistent definition of homeless (Federal and State level)
- No Statewide policy addressing homelessness
- Some clients won't come into services because afraid of Department of Children's Services (DCS)
- Guaranteeing full allocation and expenditure of available funds
- Lack of presumptive eligibility for children
- Reduction of Tenncare services
- Lack of quality, affordable childcare
- Inconsistency in licensure rules
- Misdirected licensure rules

- Do cost analysis to show how can save money use as propaganda tool
- Homeless Management Information System (HMIS)
- New administration possibility of new thinking
- State can work with private sector
- Children's cabinet vision is evolving
- Community Service Agencies have targeted case managers who work with children and families; administer flex funds so have network and capacity in place
- Need to look at duplication across systems
- Office of Juvenile Justice and Detention Programs grant money
- Administration for Children and Families regional office in Atlanta homeless families and youth opportunities as new key words
- Make a real and lasting difference in the lives of homeless families and children through Policy Academy activities

- Governor may be reinstalling grants liaison person in Washington DC possibility of pursuing in every government department
- Established good relationships with key congressional staff
- Policy Academy team can have some influence in development of Statewide housing policy
- Providers (with some leadership from the State) can bring in Federal dollars (e.g., CHI Initiative)
- Policy Academy team
- Formation of statewide coalition on homelessness?
- LEA (local education agencies) all have coordinators of homeless services in school districts
- Take advantage of Policy Academy technical assistance
- State can apply for Continuum of Care funds

- Lack of resources
- Reduction of Tenncare services
- Lack of integration
- Turf issues/territoriality
- Public opinion
- Inability in some areas to access Chafee funds from Community Service Agencies
- Lack of follow-through
- Competing priorities
- Stereotyping and stigma in relation to homelessness
- Reprogramming (safety net) resources will be threat to local officials
- Local providers may not trust that mainstream system will pick up the slack
- Diminishing resources
- Legislative scrutiny (Federal and State)
- No Child Left Behind (NCLB) how will this play out for homeless children
- Unknowns in and assumptions about faith-based communities
- Lack of perspective need to look beyond current structure to recreate and re-do, and for resources to tap into, etc.
- Burn out